RI Department of Corrections POSITION REQUEST

DOC: MS-27 Rev. 4/30/04

Division:				Section/Unit:		
Title of Position:						
Hours of Work:			Days Off:			
Duties/Responsibilites:						
Is this a budgeted, vacant position? If yes, identify the position below:						
		Position #		Date Vacated:	Incumbent:	
Are you creating a new position? If so, in what account?>						
Are you trading off another position? If so, identify below:						
Tradeoff Position Title>						
Account:		Position #		Date Vacated:	Incumbent:	
Funding Plan (If tradeoff position is not equal or greater grade, or if no tradeoff)						
Unit Manager:						
	Assistant Director:				Date:	
prov					Date:	
d Ap	Financial Resources:				Date:	
s an	Funds Available? FTE problem? Comment:					
Signatures and Approvals						
Sić	Director:					Date:

Justification: On a separate sheet, describe criticality of operational need, budget impact, funding plan, etc. Attach supporting documentation, if driven by legal and/or labor relation activities, hearing decisions/awards, settlements, collective bargaining, etc. The information will be used in the formal request submitted to the Department of Administration. **This form will be returned to the requester if the justification information is not attached.**